

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28475

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 1852	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves, Mo.		c. LENGTH OF STAY (In this place) 45 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur 47301			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Glenwood Sanatorium				d. STREET ADDRESS (If rural, give location) Craig Road, RR #2, Box 348			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)		XEMILIA WILLIAM HENKE		4. DATE OF DEATH		8 7 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 25, 1879	9. AGE (In years last birthday) 76	10. MONTHS 6	11. DAYS 12	12. IF DECEASED IN RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHANIC		10b. KIND OF BUSINESS OR INDUSTRY Retired-US. POST OFFICE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME PHILLIP HENKE		13b. MOTHER'S MAIDEN NAME LOUISE BECKER		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flora Henke Craig Rd RR #2 Box 348 Creve Coeur, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident 1 month ANTECEDENT CAUSES DUE TO (b) Cerebral Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Chronic Brain Syndrome II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334+				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-1, 1955, to 8-7, 1955, that I last saw the deceased alive on 8-7, 1955, and that death occurred at 1 P.M., from the causes and on the date stated above.							
23a. SIGNATURE John F. Bergman (Degree or title)		23b. ADDRESS 1300 Webster Groves		23c. DATE SIGNED 8/8/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum		24d. LOCATION (City, town, or county) (State) ST. LOUIS Co MO	
DATE REC'D BY LOCAL REG. 8/8/55		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chudmeyer & Sons 3734 N. 20th ST. LOUIS, MO			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melvin F. Kempe

Licensed Embalmer No. *4052*

P. O. Address *3505 Oakdale*

St. Louis 20, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.